

## General

### Title

Bioethics: percentage of patients/families informed according to the criteria.

### Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients/families informed according to the criteria.

### Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Patients' rights to information are regulated by current legislation. A significant percentage of critical patients are incapacitated, which means that this information must be given to family members or other persons to whom the patient has a close relation. In critical patients, given the severity and variability in the clinical situation, this information should fulfill a set of criteria.

## Evidence for Rationale

Abizanda Campos R, Bernat Adell A, Ballester Arnal R, Bisbal Andr  s E, Vidal Tegedor B, Cubedo Bort M, Reig Valero R. [Information strategies in a polyvalent Intensive Care Unit]. *Med Intensiva*. 2008 Jun-Jul;32(5):216-21. [PubMed](#)

Davidson JE, Powers K, Hedayat KM, Tieszen M, Kon AA, Shepard E, Spuhler V, Todres ID, Levy M, Barr J, Ghandi R, Hirsch G, Armstrong D, American College of Critical Care Medicine Task Force 2004-2005, Society of Critical Care Medicine. Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004-2005. *Crit Care Med*. 2007 Feb;35(2):605-22. [339 references] [PubMed](#)

Halpern NA, Raoof ND, Voigt LP, Pastores SM. Challenging family dialogues within the intensive care unit: an intensivist's perspective. *J Hosp Med*. 2008 Jul;3(4):354-6. [PubMed](#)

Ley 41 /2002 B  sica reguladora de la autonom  a del paciente y de derechos y obligaciones en materia de informaci  n y documentaci  n cl  nica (noviembre 2002). BOE; 2002 Nov 15.

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## Primary Health Components

Bioethics; family; information

## Denominator Description

Number of patients admitted to the intensive care unit (ICU) (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of patients/families informed according to the criteria (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed

journal

## Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Hospital Inpatient

Intensive Care Units

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Unspecified

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding Period

Unspecified

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Institutionalization

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Number of patients admitted to the intensive care unit (ICU)

Population: All patients admitted to the ICU during the period reviewed.

### Exclusions

Patients without family or designated persons

Patients who express their desire that families not be informed

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Number of patients/families informed according to the criteria

Note:

Families: Immediate family members or those designated or authorized by the patient.

Criteria for information to families:

If the patient is competent, he or she must be informed.

Information should be provided on a daily basis (including on weekends and holidays), and ample time should be taken to explain the most important changes occurring and to respond to the families' queries. This also applies to the information provided on admission.

Information should be given in a comfortable place, ensuring privacy.

The information should be provided by the patient's attending physician. The physician attending the patient or supervising the patient's care when the patient's attending physician is not present should be explicitly specified. In the absence of the patient's attending physician, the physician on duty will assume this responsibility.

The information provided should be recorded in the clinical history.

### Exclusions

Unspecified

## Numerator Search Strategy

Institutionalization

## Data Source

Electronic health/medical record

Paper medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Prescriptive Standard

Standard: 100%

## Evidence for Prescriptive Standard

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## Identifying Information

### Original Title

Information to families of ICU patients.

### Measure Collection Name

Quality Indicators in Critically Ill Patients

### Measure Set Name

Bioethics

### Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Funding Source(s)

Boehringer Laboratories

## Composition of the Group that Developed the Measure

Work Group for Bioethics Work Group

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## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2011 Mar

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

2016 Jul

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

## Measure Availability

Source available in [English](#)  and [Spanish](#)  from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

For more information, contact SEMICYUC at Paseo de la Reina Cristina, 36, 4º D, Madrid, Spain; Phone: +34-91-502-12-13; Fax: +34-91-502-12-14; Web site: [www.semicyuc.org](http://www.semicyuc.org) ; E-mail: [secretaria@semicyuc.org](mailto:secretaria@semicyuc.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 19, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

## Copyright Statement

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## Production

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